Network Access Request Form

Information Techonology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

☒ Create a New Account | ☐ Modify Existing Account | **User Name/s**
(if bulk modifying, please separate with commas)
☐ Delete Existing Account

GENERAL INFO

First Name **Hevis**   M ☐   Last Name **Lleshi**

Start Date **03/28/2011**   Employment Status **Employee**   End Date
*If NOT a State Employee.

Division **Analytical Chemistry-Drug Lab**   Supervisor **Charles Salemi**

Site **State Lab Institute**   Room / Cubicle **362**   Phone # **617-983-6631**

SECURITY ACCESS

(Convenient) Please give user same rights as: **Lisa Glazer**

User Groups: Add - Remove   Access to folders.   None - Read Only - Full

E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account ☒

Mailbox Size: **Standard - 50 MB**

Distribution Lists   Add - Remove

ADDITIONAL

The following may require additional forms
Please check all that are required

☒ Desktop Computer   ☐ VPN
☐ Laptop / Notebook   ☐ Mainframe Access
☐ BlackBerry   ☐ UAID

Other

Additional Software:
(Photoshop, Visio, etc.)

Additional Applications:
(MMARS, Meditech, etc.)

Drug Lab Access

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

Requested By: **Annie Dookhan**   Date **Apr 5, 2011**

Approved By: **Julianne Nassif**   Date **Apr 5, 2011**